

MEMBER REQUEST TO UPDATE VOLUNTARY ADDITIONAL CONTRIBUTIONS CALCULATION

PLEASE REFER TO THE ENCLOSED ADDITIONAL CONTRIBUTIONS BROCHURE BEFORE COMPLETING THIS FORM.

SECTION I – GENERAL INFORMATION

Under NHRS law, voluntary additional contributions may be deposited for one of the following purposes:

Option 1. To receive an additional annuity at retirement which when added to the regular annuity will equal 50% of average final compensation.

OR

Option 2. To offset the reduction for early retirement for employee and teacher members planning to retire prior to age 60.

When completing Section III, please be sure to provide information consistent with your selection of Option 1 or Option 2 above.

SECTION II – MEMBER INFORMATION (Please Print)

Last Name	First Name	MI	Date of Birth
Mailing Address		City	State Zip
Social Security Number	Daytime Telephone Number	Employer	

SECTION III – REQUEST AND AUTHORIZATION

I request the NHRS to update the estimated cost of funding an additional annuity due to a change in my:

☐ Annual Rate of Compensation ☐ Expected Retirement Age ☐ Expected Retirement Date

I understand this request is non-binding and that the calculation will be based on the information I have provided and my current annual rate of compensation as reported to the NHRS by my employer.

NHRS classification: (Check one)

Group I: ☐ Employee ☐ Teacher

Group II: ☐ Police Officer ☐ Firefighter

Expected Retirement Age: _____ (Provide only one age). NHRS will prepare only one calculation

Expected Retirement Date: _____ (NHRS retires members on the 1st of any given month)

Signature

Date